

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>18188</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>JOHN JR.</b> <b>SARTOR</b> P.O. Box, Bldg., Room No., if any Street <b>2226 JONES RD.</b> City <b>FORT LEE</b> State <b>New Jersey</b> ZIP Code + 4 <b>07024</b>	4. Name, file number, and address of labor organization. Name <b>LABORERS INTERNATIONAL UNION OF NORTH AMERICA</b> Labor Organization File Number <b>000-131</b> P.O. Box, Building and Room Number, if any Street <b>905 16th STREET NORTHWEST</b> City <b>WASHINGTON</b> State <b>New Jersey</b> ZIP Code + 4 <b>20006</b>
5. Position in labor organization. <b>INTERNATIONAL REPRESENTATIVE</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *John Sartor* On **8-12-05** **609-860-2887**  
Date Telephone Number

Name of Person Filing JOHN jR. SARTOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

NJ LABORERS-BUILDING &amp; TRAINING FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

104 INTERCHANGE PLAZA, SUITE 304

City

MONROE TOWNSHIP

State

New Jersey

ZIP Code + 4

08831

## 11.a. Nature of such dealing.

RECRUITMENT AND TRAINING OF MEMBERS AND APPRENTICES.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

01/18/04 - 01/22/04 NATIONAL TRI-FUND CONFERENCE  
AIRFARE, HOTEL, AUTO, MEALS

## 12.b. Amount.

\$3,160

C. Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant  
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.

Name of Person Filing JOHN JR. SARTOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

NJ LABORERS-EMPLOYERS COOPERATION &amp; TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

104 INTERCHANGE PLAZA, SUITE 301

City

MONROE TOWNSHIP

State

New Jersey

ZIP Code + 4

08831

## 11.a. Nature of such dealing.

LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET-RELATED INTERESTS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

02/24/04 NJ STATE BUILDING & CONSTRUCTION TRADES COUNCIL LUNCHEON RECEPTION

AMOUNT UNKNOWN, BEST ESTIMATE OVER \$25.00

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.

Name of Person Filing JOHN JR. SARTOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NJ LABORERS-EMPLOYERS COOPERATION &amp; TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 104 INTERCHANGE PLAZA, SUITE 301

City MONROE TOWNSHIP

State New Jersey ZIP Code + 4 08831

## 11.a. Nature of such dealing.

LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET-RELATED INTERESTS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

03/02/04 NEW YORK FRIENDS OF IRELAND RECEPTION  
AMOUNT UNKNOWN, BEST ESTIMATE OVER \$25.00

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing <b>JOHN jR. SARTOR</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 90%;" type="text" value="NJ LABORERS-EMPLOYERS COOPERATION &amp; TRUST"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text" value="104 INTERCHANGE PLAZA, SUITE 301"/></p> <p>City <input style="width: 90%;" type="text" value="MONROE TOWNSHIP"/></p> <p>State <input style="width: 20%;" type="text" value="New Jersey"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="08831"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET-RELATED INTERESTS. </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> 04/22/04 30TH ANNUAL CATHOLIC COMMUNITY SERVICES GALA   AMOUNT UNKNOWN, BEST ESTIMATE OVER \$25.00 </div> <p>12.b. Amount. <input style="width: 100%;" type="text"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100%;" type="text"/></p>

Name of Person Filing JOHN JR. SARTOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NJ LABORERS-EMPLOYERS COOPERATION &amp; TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 104 INTERCHANGE PLAZA, SUITE 301

City MONROE TOWNSHIP

State New Jersey ZIP Code + 4 08831

## 11.a. Nature of such dealing.

LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET-RELATED INTERESTS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

06/02/04 DINNER AT THE EASTERN REGIONAL CONFERENCE

## 12.b. Amount.

\$142

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing JOHN jR. SARTOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NJ LABORERS-EMPLOYERS COOPERATION &amp; TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 104 INTERCHANGE PLAZA, SUITE 301

City MONROE TOWNSHIP

State New Jersey ZIP Code + 4 08831

## 11.a. Nature of such dealing.

LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET-RELATED INTERESTS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

6/04/04 JUVENILE DIABETES FOUNDATION GALA  
AMOUNT UNKNOWN, BEST ESTIMATE OVER \$25.00

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.



Name of Person Filing JOHN jR. SARTOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

NJ LABORERS-EMPLOYERS COOPERATION &amp; TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

104 INTERCHANGE PLAZA, SUITE 301

City

MONROE TOWNSHIP

State

New Jersey

ZIP Code + 4

08831

## 11.a. Nature of such dealing.

LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET-RELATED INTERESTS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

6/15/04 AFL-CIO DINNER OF THE WORKERS, NYC  
AMOUNT UNKNOWN, BEST ESTIMATE OVER \$25.00

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.



Name of Person Filing JOHN JR. SARTOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

NJ LABORERS-EMPLOYERS COOPERATION &amp; TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

104 INTERCHANGE PLAZA, SUITE 301

City

MONROE TOWNSHIP

State

New Jersey

ZIP Code + 4

08831

## 11.a. Nature of such dealing.

LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET-RELATED INTERESTS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

8/5/04 DINNER HONORING COMMISSIONER OF NJ DEPARTMENT OF LABOR

## 12.b. Amount.

\$121

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.

Name of Person Filing JOHN jR. SARTOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

NJ LABORERS-EMPLOYERS COOPERATION &amp; TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

104 INTERCHANGE PLAZA, SUITE 301

City

MONROE TOWNSHIP

State

New Jersey

ZIP Code + 4

08831

## 11.a. Nature of such dealing.

LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET-RELATED INTERESTS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

8/26/04 DINNER FOR CO-WORKERS RETIREMENT

## 12.b. Amount.

\$134

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.

Name of Person Filing JOHN J.R. SARTOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

NJ LABORERS-EMPLOYERS COOPERATION &amp; TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

104 INTERCHANGE PLAZA, SUITE 301

City

MONROE TOWNSHIP

State

New Jersey

ZIP Code + 4

08831

## 11.a. Nature of such dealing.

LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET-RELATED INTERESTS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

10/13/04 NJ AFA ANNUAL EAGLE AWARDS BENEFIT  
AMOUNT UNKNOWN, BEST ESTIMATE OVER \$25.00

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.

Name of Person Filing JOHN J.R. SARTOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NJ LABORERS-EMPLOYERS COOPERATION &amp; TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 104 INTERCHANGE PLAZA, SUITE 301

City MONROE TOWNSHIP

State New Jersey ZIP Code + 4 08831

## 11.a. Nature of such dealing.

LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET-RELATED INTERESTS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

10/19/04 PATRIOTS PATH COUNCIL GOOD SCOUT DINNER AWARD BENEFIT

AMOUNT UNKNOWN, BEST ESTIMATE OVER \$25.00

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing JOHN JR. SARTOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

NJ LABORERS-EMPLOYERS COOPERATION &amp; TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

104 INTERCHANGE PLAZA, SUITE 301

City

MONROE TOWNSHIP

State

New Jersey

ZIP Code + 4

08831

## 11.a. Nature of such dealing.

LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET-RELATED INTERESTS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

12/14/04 - ASSOCIATED GENERAL CONTRACTORS & BUILDING CONTRACTORS ASSOCIATION JOINT CHAPTER DINNER

AMOUNT UNKNOWN, BEST ESTIMATE \$30 - \$40

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.

Name of Person Filing JOHN JR. SARTOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NJ LABORERS-EMPLOYERS COOPERATION &amp; TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 104 INTERCHANGE PLAZA, SUITE 301

City MONROE TOWNSHIP

State New Jersey ZIP Code + 4 08831

## 11.a. Nature of such dealing.

LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET-RELATED INTERESTS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

12/15/04 - EASTERN REGION HOLIDAY RECEPTION  
AMOUNT UNKNOWN, BEST ESTIMATE OVER \$25.00

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing JOHN JR. SARTOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

NJ BUILDING LABORERS STATEWIDE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

3218 KENNEDY BOULEVARD

City

JERSEY CITY

State

New Jersey

ZIP Code + 4

07302

## 11.a. Nature of such dealing.

OPERATE HEALTH AND WELFARE <sup>PENSION</sup> BENEFIT FUND.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

11/30/04 - 12/05/04 ANNUAL EMPLOYEE BENEFITS CONFERENCE

AIRFARE, HOTEL, MEALS, AUTO

## 12.b. Amount.

\$2,203

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.



Name of Person Filing JOHN JR. SARTOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name DELAWARE LABORERS LOCAL 199 BENEFITS FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 650 NAAMANS RD. SUITE 303

City CLAYMONT

State Delaware ZIP Code + 4 19703

## 11.a. Nature of such dealing.

OPERATE HEALTH AND WELFARE AND PENSION BENEFIT FUND.  
OF DELAWARE.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

1/31/04 TRUSTEE MEETING EXPENSE

## 12.b. Amount.

\$26

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing JOHN J.R. SARTOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

DELAWARE LABORERS LOCAL 199 BENEFITS FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

650 NAAMANS RD. SUITE 303

City

CLAYMONT

State

Delaware

ZIP Code + 4

19703

## 11.a. Nature of such dealing.

OPERATE HEALTH AND WELFARE AND PENSION BENEFIT FUND.  
OF DELAWARE.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

1/31/04 TRUSTEE MEETING EXPENSE

## 12.b. Amount.

\$26

C. Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant  
(including trade name, if any).

Name

ORANSKY SCARAGGI &amp; BORG

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

175 FAIRFIELD AVE W CALDWELL

City

WEST CALDWALD

State

New Jersey

ZIP Code + 4

07006

## 14.a. Nature of payment.

12/16/04 CHRISTMAS PARTY

13.b. Is the Business an Employer ☒or Consultant ☐

?

## 14.b. Amount of payment.

\$56

**Potential Addenda to Form LM-30: Labor Organization Officer and Employee Record**

**John Sartor, Jr.**

**File Number U –**

**Laborers' International Union of North America, Organization File Number 000-131**

**Fiscal Year Covered From: 1/1/04 through 12/31/04**

**ADDENDUM E (MEALS/EVENTS WITH FRIENDS)**

I have personal friendships with individuals who may be employed by reportable entities under the Labor-Management Reporting and Disclosure Act, which exist separate and apart from my role as union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and have no specific recollection of any benefits received.

**ADDENDUM F (MEALS/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION)**

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

**ADDENDUM G (PAC)**

I am not reporting any benefits that I may have received from the political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

**ADDENDUM H (UNION TO UNION BENEFITS)**

I am not reporting any benefits that I may have received in 2004 for labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.